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Bib Data Sheet

CONFIRMATION NO. 7945

SERIAL NUMBER 10/685,952	FILING DATE 10/15/2003 RULE	CLASS 029	GROUP ART UNIT 3726	ATTORNEY DOCKET NO. CFLAY.00190
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APPLICANTS

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** CONTINUING DATA *****
None DEM

** FOREIGN APPLICATIONS *****
None DEM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
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TITLE
 Overcap having improved fit

FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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